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*CORRECTED BIB DATA
SHEET*

CONFIRMATION NO. 359



Bib Data Sheet

SERIAL NUMBER 09/109,460	FILING DATE 07/02/1998 RULE	CLASS 034	GROUP ART UNIT 3749	ATTORNEY DOCKET NO.
APPLICANTS GARY W. FERRELL, HALF MOON BAY, CA; ROBERT J. ELSON, PALO ALTO, CA; JOHN F. SCHIPPER, PALO ALTO, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/034,369 03/03/1998 PAT 5,974,689				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/21/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 26
INDEPENDENT CLAIMS 2				
ADDRESS TIMOTHY H. GENS 265 CAMBRIDGE AVENUE BOX 61029 PALO ALTO ,CA 94306				
TITLE CHEMICAL DRYING AND CLEANING SYSTEM				
FILING FEE RECEIVED 701	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UN	ATTORNEY DOCKET NO.
09/109,460	07/02/98	034	3744	

APPLICANT

GARY W. FERRELL, HALF MOON BAY, CA; ROBERT J. ELSON, PALO ALTO, CA;
JOHN F. SCHIPPER, PALO ALTO, CA.

Steve Gravim

09034369

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF ~~08/034,369~~ ~~03/19/93~~ PAT ~~5,284,112~~
con 09 3/3/98 5 474 68

SMG

371 (NAT'L STAGE) DATA***

VERIFIED

SMG

FOREIGN APPLICATIONS***

VERIFIED

SMG

FOREIGN FILING LICENSE GRANTED 07/21/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials SMG Initials					

ADDRESS	JOHN F. SCHIPPER 2211 PARK BOULEVARD PALO ALTO CA 94306	TIMOTHY N. GENS 265 CAMBRIDGE AVENUE BOX 61029 PALO ALTO, CA 94306
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TITLE	CHEMICAL DRYING AND CLEANING SYSTEM METHOD	SMG
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FILING FEE RECEIVED \$461	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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